

111TH CONGRESS
2D SESSION

H. R. 5889

To amend the Public Health Service Act and title XVIII of the Social Security Act to increase the number of primary care physicians and medical residents serving health professional shortage areas, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 27, 2010

Mr. YOUNG of Alaska introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act and title XVIII of the Social Security Act to increase the number of primary care physicians and medical residents serving health professional shortage areas, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. FINDINGS.**

4 Congress finds the following:

1 (1) The average life expectancy in the United
2 States has increased to 80 years of age, causing an
3 ever-increasing demand for medical care.

4 (2) Medical school enrollment numbers have
5 been virtually stagnant for the last 25 years.

6 (3) During the last 20 years, median tuition
7 and fees at medical schools have increased by 229
8 percent (122 percent adjusted for inflation) in pri-
9 vate schools and by 479 percent (256 percent ad-
10 justed for inflation) in public schools.

11 (4) The Association of American Medical Col-
12 leges, in its Statement on the Physician Workforce,
13 dated June, 2006, called for an increase of 1,500
14 National Health Service Corps program awards per
15 year to help meet the need for physicians caring for
16 underserved populations and to help address rising
17 medical student indebtedness.

18 (5) The National Health Service Corps program
19 has a proven record of supplying physicians to un-
20 derserved areas, and has played an important role in
21 expanding access for underserved populations in
22 rural and inner city communities.

23 (6) Continued expansion of the National Health
24 Service Corps program is strongly recommended.

1 (7) The growing debt incurred by graduating
2 medical students is likely to increase the interest
3 and willingness of graduates of United States med-
4 ical schools to apply for National Health Service
5 Corps program funding and awards.

6 (8) One-third (250,000) of active physicians are
7 over the age of 55 and are likely to retire in the next
8 ten years, while the population will have increased
9 by 24 percent. These demographic changes will
10 cause the population-to-physician ratio to peak by
11 the year 2020.

12 (9) In 2005, the Council on Graduate Medical
13 Education stated in a report to Congress that there
14 will be a shortage of not fewer than 90,000 full-time
15 physicians by 2020.

16 (10) A continuing decline in the number of pri-
17 mary care physicians will lead to increased shortages
18 of health care access in rural America.

19 (11) There is a declining ability to recruit
20 qualified medical students from rural and under-
21 served areas, coupled with greater difficulty on the
22 part of community health centers and other clinics
23 to attract adequate personnel.

24 (12) Individuals in many geographic areas, es-
25 pecially rural areas, lack adequate access to high

1 quality preventive, primary and specialty health care,
2 contributing to significant health disparities that im-
3 pair America’s public health and economic produc-
4 tivity.

5 (13) A collaborative process is needed between
6 hospitals and non-hospital settings to maximize the
7 potential of non-hospital health care training.

8 **SEC. 2. SCHOLARSHIPS FOR MEDICAL STUDENTS UNDER**
9 **NATIONAL HEALTH SERVICE CORPS SCHOL-**
10 **ARSHIP PROGRAM.**

11 Section 338H of the Public Health Service Act (42
12 U.S.C. 254q) is amended by adding at the end the fol-
13 lowing:

14 “(d) SCHOLARSHIPS FOR MEDICAL STUDENTS.—For
15 contracts for scholarships under this subpart to individ-
16 uals who are accepted for enrollment, or enrolled, in a
17 course of study or program described in section
18 338A(b)(1)(B) that leads to a degree in medicine or osteo-
19 pathic medicine, the Secretary shall, of the amounts ap-
20 propriated under subsection (a) for a fiscal year, obligate
21 the greater of 10 percent or such amount as necessary
22 to fund ongoing activities related to such contracts.”.

1 **SEC. 3. CLARIFICATION OF ELIGIBILITY FOR MEDICARE**
 2 **GRADUATE MEDICAL EDUCATION FUNDING**
 3 **OF A NONRURAL HOSPITAL THAT HAS A**
 4 **TRAINING PROGRAM WITH AN INTEGRATED**
 5 **RURAL TRACK.**

6 (a) IN GENERAL.—Section 1886(h)(4)(H) of the So-
 7 cial Security Act (42 U.S.C. 1395ww(h)(4)(H)), as
 8 amended by section 5506(a) of the Patient Protection and
 9 Affordable Care Act (Public Law 111–148), is amended—

10 (1) in clause (iv), by inserting “(as defined in
 11 clause (vii))” after “an integrated rural track”; and

12 (2) by adding at the end the following new
 13 clause:

14 “(vii) DEFINITION OF ACCREDITED
 15 TRAINING PROGRAM WITH AN INTEGRATED
 16 RURAL TRACK.—For purposes of clause
 17 (iv), the term ‘accredited training program
 18 with an integrated rural track’ means an
 19 accredited medical residency training pro-
 20 gram located in an urban area which offers
 21 a curriculum for all residents in the pro-
 22 gram that includes the following character-
 23 istics:

24 “(I) A minimum of 3 block
 25 months of rural rotations. During
 26 such 3 block months, the resident is

1 in a rural area for 4 weeks or a
2 month.

3 “(II) A stated mission for train-
4 ing rural physicians.

5 “(III) A minimum of 3 months of
6 obstetrical training, or an equivalent
7 longitudinal experience.

8 “(IV) A minimum of 4 months of
9 pediatric training that includes neo-
10 natal, ambulatory, inpatient, and
11 emergency experiences through rota-
12 tions, or an equivalent longitudinal ex-
13 perience.

14 “(V) A minimum of 2 months of
15 emergency medicine rotations, or an
16 equivalent longitudinal experience.”.

17 (b) EFFECTIVE DATE.—The amendments made by
18 subsection (a) apply with respect to—

19 (1) payments to hospitals under section
20 1886(h) of the Social Security Act (42 U.S.C.
21 1395ww(h)) for cost reporting periods beginning on
22 or after January 1, 2011; and

23 (2) payments to hospitals under section
24 1886(d)(5)(B)(v) of such Act (42 U.S.C.

- 1 1395ww(d)(5)(B)(v)) for discharges occurring on or
- 2 after January 1, 2011.

